

POSITION

INITIALS

ID NO.

DATE

FEE DETERMINATION
O.I.P.E. CLASSIFIER
FORMALITY REVIEW
RESPONSE FORMALITY REVIEW

M. J. F.

1027

*2615461
11-01-01*

INDEX OF CLAIMS

✓
= Through numbers
:

Rejected
Allowed
Canceled
Restricted

1
1
1
0

Not-Selected
Interference
Appeal
Collected

| Claim | Date | Claim | Date | Claim | Date |
|-------------------|------|-------------------|------|-------------------|------|
| Final Original | | Final Original | | Final Original | |
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More than 150 claims on 12 1/2" x 15" sheet
state additional sheet here

TC #4107ef